

Foster Family Home - Deficiency Report

Provider ID: 1-210014

Home Name: Zenaida Bagamasbad, NA

Review ID: 1-210014-3

91-1002 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 11/10/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) [REDACTED] for client 2 has an order from March 2021 for nutritionist for [REDACTED] which has not been done

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

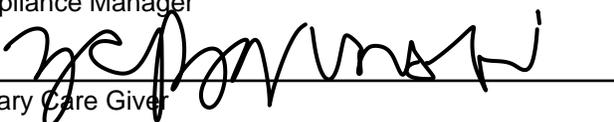
54.(c)(7) Expenditure records; and

Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(7) Client 1 and 2 Resident account record is blank



Compliance Manager


Primary Care Giver



Date


Date